



# Arkansas Community Correction

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## ADMINISTRATIVE DIRECTIVE: 18-12 Reporting and Investigating Incidents, Hazards and Maltreatment

**TO:** Arkansas Community Correction (ACC) Employees

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 16-06

**APPROVED:** Signature on File **Effective: November 1, 2018**

- I. APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees, offenders and ACC agents. For the purpose of this policy, ACC agents include volunteers, interns, and contractors working in ACC facilities, transitional houses or reentry facilities.
- II. POLICY.** ACC policy is to ensure work-related incidents, hazards and maltreatment are appropriately managed, reported, documented, investigated and resolved, and that measures are taken to prevent reoccurrence. (2-CO-1C-05, 4-ACRS-1C-01-1, 4-ACRS-2B-03, 4-APPFS-3G-02 and 4-APPFS-3G-04)
- III. GUIDANCE.**
  - A. Serious Incident and Unusual Occurrence Notifications.** All employees and agents are required to make immediate notifications of serious incidents and unusual occurrences pursuant to the following:
    - 1. Serious Incidents/Unusual Occurrences Requiring Immediate Notification.**

Serious incidents/unusual occurrences requiring immediate notification include, but are not limited to:

      - escapes, riots, uprisings, work strikes
      - major breaches of security
      - any disturbance or critical incident requiring outside assistance

- major fire
- hostage situation
- homicides involving offender or staff
- death of an offender in ACC custody other than by natural causes
- an employee is involved in a shooting
- an employee is arrested on a felony charge
- serious injury on ACC property of any person that has or could result in loss of life or limb; use of a weapon, serious injury of an offender on a community work assignment; serious incident involving an offender on furlough, work release, or Act 679 early release to a transitional housing facility
- natural disasters
- hazardous chemical spills
- incidents on ACC property involving suspected felonies
- any disturbance/incident requiring outside assistance
- any incident worthy of media notification or a news release or a media inquiry not of a routine nature that is likely to appear in news coverage.

**2. Serious Incidents/Unusual Occurrences NOT Requiring Immediate Notification.**

- use of force that might have been excessive, but does not meet the requirement for immediate notification
- deaths of offenders or staff that occur by natural causes

A natural death will be reported during the workday or early the next business day if it occurs after hours or during a weekend except that the Deputy Director of Residential Services, or designee, Chief Deputy Director and Internal Affairs Administrator (IAA) must be notified promptly of every death that occurs of an offender in ACC custody.

**3. Immediate Notification Process Within ACC.**

Make notifications as described in the applicable table below. When making notifications, if a person cannot be contacted, contact the next person on the list – then make additional attempts to call the person who could not be contacted.

**Serious Incidents and Unusual Occurrences  
Immediate Notifications Tree for ACC Residential Centers**

<u>Person Who Must Make Notification</u>	<u>Method</u>	<u>Person to be Notified/Details</u>
Center staff witnessing or involved in the incident or unusual occurrence	In-Person, Phone or Radio	Shift Supervisor
Shift Supervisor	In-Person, Phone or Radio	Center Supervisor
Center Supervisor	Phone	1. Chief Deputy Director 2. Deputy Director of Residential Services
Chief Deputy Director	Phone	1. Director 2. Internal Affairs Administrator 3. Deputy Director for Communications and Public Affairs
Director	Phone	Director may call or delegate these calls: 1. Board of Corrections Chairman 2. Board's liaison to the department 3. Board's assistant 4. Governor's liaison to the department Note: At the chairman's request, the full board will be notified.
Deputy Director for Communications and Public Affairs	Phone or other method	Media as appropriate
Center Supervisor	Email – and eOMIS	If sexual abuse, sexual harassment, non-sexual harassment or related retaliation is alleged or suspected; SEND an email summarizing the situation to: Director, Chief Deputy Director, Deputy Director of Residential Services and Internal Affairs Administrator. Do NOT send an email to the Incident Notification Committee AND ensure completion of an eOMIS Incident Report.  For OTHER Immediate Notifications, email to the Incident Notification email Contact Group and ensure completion of an eOMIS incident report.
		ACC AD 18-12 November 2018

**Serious Incidents and Unusual Occurrences  
Immediate Notifications Tree for Parole/Probation Services**

<u>Person Who Must Make Notification</u>	<u>Method</u>	<u>Person to be Notified/Details</u>
Parole/Probation staff witnessing or involved in the incident or unusual occurrence	In-Person, Phone or Radio	1. Area Manager 2. Assistant Area Manager
Area Manager	Phone	1. Deputy Director of Parole/Probation Services 2. Assigned Parole/Probation Assistant Director
Deputy Director of Parole/Probation Services	Phone	1. Director 2. Chief Deputy Director 3. Internal Affairs Administrator 4. Deputy Director for Communications and Public Affairs
Director	Phone	Director may call or delegate these calls: 1. Board of Corrections Chairman 2. Board's liaison to the department 3. Board's assistant 4. Governor's liaison to the department Note: At the chairman's request, the full board will be notified.
Deputy Director for Communications and Public Affairs	Phone or other method	Media as appropriate
Area Manager	Email – and eOMIS	If sexual abuse, sexual harassment, non-sexual harassment and related retaliation is alleged or suspected; SEND an email summarizing the situation to: Director, Deputy Director of Parole/Probation Services and Internal Affairs Administrator. Do NOT send an email to the Incident Notification Committee AND ensure completion of an eOMIS Incident Report.  For OTHER Immediate Notifications, email to the Incident Notification email Contact Group and ensure completion of an eOMIS incident report.
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**Serious Incidents and Unusual Occurrences  
Immediate Notifications Tree for Reentry Facilities**

<u>Person Who Must Make Notification</u>	<u>Method</u>	<u>Person to be Notified/Details</u>
A reentry facility representative witnessing or involved in the incident or unusual occurrence	In-Person, Phone or Radio	Report to the designated ACC Reentry Officer
ACC Reentry Officer	Phone	1. ACC Assistant Director of Reentry
ACC Assistant Director of Reentry	Phone	1. Chief Deputy Director
Chief Deputy Director	Phone	1. Director 2. Internal Affairs Administrator 3. Deputy Director for Communications and Public Affairs
Director	Phone	Director may call or delegate these calls: 1. Board of Corrections Chairman 2. Board's liaison to the department 3. Board's assistant 4. Governor's liaison to the department Note: At the chairman's request, the full board will be notified.
Deputy Director for Communications and Public Affairs	Phone or other method	Media as appropriate
ACC Assistant Director of Reentry		If sexual abuse, sexual harassment, non-sexual harassment or related retaliation is alleged or suspected; SEND an email summarizing the situation to: Director, Chief Deputy Director and Internal Affairs Administrator. Do NOT send an email to the Incident Notification Committee AND ensure completion of an eOMIS Incident Report.  For OTHER Immediate Notifications, email to the Incident Notification email Contact Group and ensure completion of an eOMIS incident report.
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#### 4. Notification Process for Outside Law Enforcement Agencies.

When an initial notification suggests a serious felony has been committed the IAA or designee must immediately contact the State Police, Criminal Investigation Division so they may participate in or conduct an initial investigation. A serious felony includes but is not limited to:

- any death not from natural causes
- any life-threatening battery
- any escape or serious disturbance (if notification has not already been made by other ACC staff)
- fires when arson is suspected or substantial damage occurs
- rape or any credible PREA-related issue
- sexual abuse of an offender by staff
- major drug, alcohol, or tobacco finds
- intelligence information regarding any probable felony.

#### 5. Notification of the Media.

- a. When appropriate, the media will be notified by the Deputy Director of Communications, or designee.
- b. Depending on the situation, notification may be made by telephone, email or in person.

**B. Other Reportable Incidents and Hazards.** At a minimum, report any work-related event, situation or hazard that has resulted in or may result in significant injury, illness or death, or may involve illegal, inappropriate or unethical conduct. Reports are also required for critical incidents, which include any event or situation that poses a substantial threat to anyone in the criminal justice setting. Reports are also required for any incident, event, situation or criminal charges – on or off duty – that may compromise an employee’s ability to safely and effectively perform his/her job.

**C. Documenting and Reporting Incidents.** All employees and agents are required to fully document reportable incidents they witness or are involved in by using:

- the above guidance for Serious Incident / Unusual Occurrence Notifications.
- the eOMIS Incident Report when available and by scanning in related witness statements; otherwise, use the AD 18-12 Form 1, “Incident or Hazard Report/Witness Statement – for Staff Use.” When using the eOMIS Incident Report be sure to select all positions that need to review the report; reviewers will receive an email notification.

As an exception, Special Response Team (SRT) members, when fulfilling SRT duties, must report arrests on the SRT Arrest Report.

ACC staff must direct offenders to document incidents they witness or are involved in by using Form 2, “Incident or Hazard Report/Witness Statement – for Offender’s Use”.

Center Supervisors must ensure a permanent eOMIS electronic record is maintained of routine and unusual occurrences at the residential facilities. (4-ACRS-2A-09)

At a minimum all incident reports at residential facilities must be reviewed by the Senior Residential Supervisor on duty who must ensure proper actions are taken pursuant to policy.

At a minimum all “Incident or Hazard Report/Witness Statement” forms prepared by Parole/Probation staff or offenders must be reviewed by an Area Manager or Assistant Area Manager. These forms must be sent to higher levels as specified elsewhere in this policy.

When applicable, also comply with the policy “Resident Serious Illness/Injury or Death.”

Any incident/hazard report involving use of force or a serious or critical incident at a minimum must be sent to the Center Supervisor or Area Manager. (4-ACRS-2B-01)

When a Deputy Director receives a report of alleged sexual abuse, sexual harassment, non-sexual harassment and/or related alleged retaliation about any of these that occurred in another facility, he/she must promptly notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. (PREA 115.261)

#### **D. Guidelines for Internal Affairs Investigations**

1. During the investigative phase of the incident/occurrence, the Center Supervisor/Area Manager/Assistant Director of Reentry (and for issues pertaining to Central Office, the appropriate Deputy Director) must report any significant updates.
2. The IAA must initiate an internal investigation when instructed to do so by the Director, Chief Deputy Director or the appropriate Deputy/Assistant Director.
3. Investigations by the IAA are required when:
  - the incident notification involves use of force in which the offender is seriously injured or in which the force used appears excessive
  - the department may be liable for damages in an accident

#### **E. An Exception for Alleged Sexual Abuse, Sexual Harassment, Non-Sexual Harassment and Related Alleged Retaliation about Any of These.**

For situations alleging sexual abuse, sexual harassment, non-sexual harassment and related alleged retaliation about any of these, notification may be made directly to the Internal Affairs Administrator (IAA) or by other means described in the PREA notice posted in all ACC facilities.

To ensure confidentiality in these situations, do NOT send an email to the Incident Notification Committee.

**F. Use-of-Force Incidents.** Incidents involving physical force must be reported fully and in writing unless the physical force is inconsequential such as when applying handcuffs and there is no injury. Reports must include the circumstances that led to the incident, persons present, force used and by whom, injuries sustained (if any), and medical assistance offered and provided. At a minimum all reports involving use-of-force must be provided to the Center Supervisor or Area Manager. (4-ACRS-2B-01).

**G. Analyzing Outcome Measures.** The Deputy Director of Residential Services must ensure use of force incident data are aggregated and analyzed annually. (4-ACRS-2B-03)

**H. Firearm Incidents While on Duty.** When an on-duty employee discharges a firearm in an incident, complete the eOMIS Incident report if accessible and scan in related witness statements; otherwise complete Form 1, "Incident or Hazard Report/Witness Statement – for Staff Use;" and comply with applicable guidance as follows:

1. Accidental Discharge of a Firearm (No Injuries Involved)
  - a. Any employee who accidentally discharges an ACC-issued firearm or personal firearm in the line of duty must promptly contact his or her supervisor, who will initiate an investigation.
  - b. The employee must comply with the Drug-Free Workplace policy.
  - c. The employee(s) must write an incident report.
2. Fatal Shooting by an Employee in Performance of Duty, Intentional Use of Deadly Force, or Accidental Firearm Discharge Resulting in Injury or Death.

When a discharged firearm results in a fatal shooting in the performance of duty, intentional use of deadly force, or accidental firearm discharge resulting in injury or death follow guidance in the form entitled "Checklist for Serious Injury or Death Resulting from Use of Force or Accidental Firearms Discharge," this form is prescribed in the Use of Force Administrative Directive.

**I. Vehicle Incidents/Accidents.**

1. In addition to other reporting requirements, drivers must report ALL accidents and traffic violations when operating a state vehicle and/or while driving any vehicle on state business. If a driver is unable to report, his/her supervisor must report.
2. Drivers must immediately report accidents verbally to the insurance company; refer to company information and phone numbers in the vehicle.
3. Drivers must comply with the Drug-Free Workplace policy drug/alcohol testing requirements. Tests must be conducted within specified time frames.
4. After an accident drivers must send the following to the ACC Central Office, Administrative Services Division, ATTN: Insurance Claims, 105 West Capitol Ave, 3rd Floor, Little Rock, AR 72201-5731: ACC Incident Report, police report, pictures, other relevant information and the insurance adjuster's report. The ACC Insurance Claims Section phone number is 501-682-9509.



5. If a vehicle accident results in damage to the property of any one person in excess of \$1,000.00 or in bodily injury to or in the death of a person, the driver (if unable, the supervisor) must complete the “Arkansas Motor Vehicle Accident Report (SR-1).” A paper copy may be used initially; the information must be reported on the on-line Internet form within 30 days.
6. Drivers must report traffic violations and accidents to their supervisor. Supervisors notify the appropriate Deputy Director and take appropriate action pursuant to policy.
7. Drivers and supervisors must comply with other applicable aspects of this policy and other applicable policies.

**J. Lost, Stolen, or Damaged Firearms.** In addition to completing an incident report, damaged firearms approved for disposal or lost or stolen firearms must also be reported by the supervisor to the Administrative Services Section for proper documentation in agency inventory records and to the IAA. When a firearm is lost or stolen, report the matter to the local police and obtain a copy of the report. Send a copy of the police report to Administrative Services to justify removing the firearm from inventory and send a copy to the IAA.

**K. Work-Related Injuries or Illnesses.**

1. The injured/ill employee, Personnel Officers, Area/Assistant Area Managers or designee must also comply with this:

The “company nurse” referred to in this section means a contract service that guides employees who have work-related injury or illness in seeking care to ensure compliance with state agency and Worker Compensation requirements. This is NOT the contractor that provides treatment for residents. Human Resources staff can provide the phone number for the current “company nurse” contractor or you may find the number on a bulletin board poster.

- a. In a medical emergency call 911 or seek immediate treatment at an emergency room. When there is a medical emergency the Personnel Officer, Area/Assistant Area Manager, or designee must promptly call the “company nurse” and report the situation. As soon as the injured/ill employee is able, he/she must also contact the “company nurse” for additional treatment instructions.
- b. When a work-related injury or illness does NOT require emergency medical care, before seeking any treatment, the injured/ill employee must call the “company nurse” for treatment instructions. When possible the employee’s supervisor should be present to answer questions the company nurse may have. The employee must use the medical services specified by the company nurse.
- c. If the employee indicates that they do not need medical treatment:
  - (1) Have the employee complete, sign and date the form “Incident or Hazard Report/Witness Statement – for Staff Use.”

- (2) Keep the incident report form on file. If the employee later indicates a need for medical treatment, call company nurse number for workers' compensation claims reporting. Follow the steps for reporting the injury and send a copy of the completed incident report form to the Public Employee Claims Division.
- d. The company nurse will initiate the following forms and will send them to ACC Central Office Human Resources Section. The Human Resources Benefits Analyst will then forward the forms to the employee and supervisor. The injured/ill employee can make changes at this time and must promptly complete and submit the following forms to his/her supervisor or designee:
  - The Arkansas Workers' Compensation Commission Form AR-N, "[Employee's Notice of Injury](#)" (print the 2-page form on the front/back of one piece of paper if possible).
  - The Arkansas Insurance Department > [Public Employee Claims Division's](#) > PECD Form 1, "Employee's Report of Accident."
- e. The supervisor or designee must ensure the employee completes the forms, review them, then email the forms to the Human Resources Section; Central Office Benefits Analyst.
2. Supervisor Initial Forms Processing. Supervisors must ensure the above employee actions are taken; promptly accomplish the following and forward all forms to the Central Office, Human Resources Section (HRS) in sufficient time to allow HRS to get the forms to the appropriate agency:
  - a. within 48 hours:
    - For each accident resulting in a fatality, amputation, or when one or more employees are hospitalized, complete the Arkansas Department of Labor "[Accident / Injury Reporting form](#)" and process it through ACC Human Resources in time to arrive at the Arkansas Department of Labor within 48 hours from the accident.
  - b. within 10 days of the injury or illness onset:
    - Complete and submit the Workers' Compensation Commission Form 1A-1, "[Workers Compensation - First Report of Injury or Illness](#),"
    - Complete and submit the Arkansas Insurance Department > [Public Employee Claims Division's](#) "PECF Form 2, "Workers Comp Information Sheet"
    - Send a copy of the ACC "Incident or Hazard Report/Witness Statement(s)" to HRS. HRS must send these to the Arkansas Insurance Department > Public Employee Claims Division.

3. Supervisor Follow-Up Reporting. Supervisors must report to HRS any change in status including but not limited to the following:
  - the injured employee returning to work and drawing wages
  - the injured employee losing time again
  - the injured employee has died.
4. Human Resources Section. HRS will promptly forward forms to the appropriate agency.
5. Offender Injuries - Supervisor/Offender Responsibilities. When possible, an offender who sustains an injury while in ACC custody must complete an Incident/Hazard Report/Witness Statement – for Offender’s Use form. The supervisor most familiar with the injury situation must ensure form completion. At residential centers, the medical contractor’s accident/injury report may also be required. In case of a resident serious illness/injury, follow additional guidance in the “Resident Serious Illness/Injury or Death” policy.

#### **L. Maltreatment Reporting.**

1. Applicability. This portion of the policy applies to Arkansas Community Correction (ACC) employees.
2. Maltreatment Reporting in General. All ACC employees are required to report actual and probable maltreatment of any person, to include children, adults, and elder adults. This is a higher standard than the law requires. In general, the law lists certain occupations as mandatory reporters of child and elder maltreatment. Some detailed requirements are provided in the law for employees in positions designated by law as “mandatory reporters.” “Mandatory Reporters of Child Maltreatment” include clergy (except when exempt by law), all medical staff, mental health professionals (this includes counselors), law enforcement officers, and sexual abuse or victim advocates. A similar listing of “mandatory reporters” is described by the law for adult maltreatment.
3. Reporting Child Maltreatment.
  - a. Follow confidentiality guidance.
  - b. ACC employees must promptly notify the Child Abuse Hotline if they
    - (1) have reasonable cause to suspect that child maltreatment has occurred or a child has died as a result of child maltreatment; or
    - (2) observe a child being subjected to conditions or circumstances that would reasonably result in child maltreatment.
  - c. Child Maltreatment Details. This policy does not provide all details such as definitions of child abuse. Mandatory reporters must, and other employees should, understand the legal details and definitions provided in Arkansas law beginning at section 12-18-1708. Law enforcement officers must also understand Arkansas law section 12-28-1001, “Protective Custody Generally.”

- d. Mandatory reporters of Child maltreatment must obtain as much clarifying information as possible.
  - e. When Residential Services counselors contact the Child Abuse Hotline and the hotline staff indicates they will conduct a follow up interview at the Center, the Center Supervisor must be informed.
  - f. Mandatory reporters are encouraged to make the call with the offender alleging abuse so that both can speak to the hotline staff. Parole/Probation Treatment staff may allow offenders to make a report on their own; however if this option is used, the staff is still obligated to call. The Child Abuse Hotline number is 1-800-482-5964. Parole/Probation Officers must make a note in eOMIS supervision contacts when the abuse hotline is contacted. Instead of calling, mandated reporters may fax the Arkansas State Police "[Suspected Child Abuse Report](#)" form to the State Police FAX number 1-501-618-8952.
  - g. All mandated reporters who routinely make entries in clinical files must also document reports of maltreatment in the clinical file.
4. Informing a Supervisor. After contacting the hotline, an employee should inform his/her supervisor without violating any privacy laws.
  5. Adult and Elder Maltreatment. This policy requires all employees to report actual and probable maltreatment of any adult person. Maltreatment of adults to include elders must be reported to the Adult Abuse hotline at (800) 482-8049. Mandatory reporters must, and other employees should, understand the legal details and definitions provided in Arkansas law beginning at section 4-88-201 and beginning at section 12-12-1701. Report any abuse to include suspected abuse, neglect, or exploitation of endangered or impaired adults.
  6. Confidentiality of Child and Adult Maltreatment Information. Information received about child or adult maltreatment must only be released under the following circumstances:
    - reporting to the hotline
    - disclosing information to other staff for appropriate business reasons
    - documenting information in the clinical file or eOMIS supervision contact
    - consulting with your personal attorney, and
    - complying with court orders.

## **M. Investigations.**

### **1. Investigating Incidents Involving Firearms.**

When a firearm is involved refer to the above paragraph “Firearm Incidents While on Duty.”

### **2. At Residential Facilities, Investigating an Incident, Allegation or Suspicion of Sexual Abuse, Sexual Misconduct or an Incident Not of a Sexual Nature that may Rise to the Level of Criminal Activity.**

When there is an incident, allegation or suspicion of sexual abuse, sexual misconduct, sexual harassment, or an incident not of a sexual nature that may raise to the level of criminal activity at a residential center, the Center Supervisor must be notified immediately. The Center Supervisor will promptly initiate an initial center level investigation.

The initial center investigation should be completed, reviewed and recommendations as to disposition made to the Deputy Director of Residential Services within 10 business days of receipt of the initial complaint. Through a review of the initial investigation and all relevant documentation, the Center Supervisor will determine the complaint to be substantiated, unfounded, unsubstantiated, or recommend investigation assistance. The Deputy Director of Residential Services will evaluate the Center Supervisor’s determination and/or recommendation.

Within 10 business days from receipt of the complaint:

- the initial investigation and report must be completed
- the Center Supervisor must review the report and recommend a finding that the complaint be substantiated, unfounded, unsubstantiated, or further investigation is needed.
- the Center Supervisor must forward the report, any accompanying documentation and his/her recommendation to the Deputy Director of Residential Services.

The Deputy Director of Residential Services will

- evaluate the report and the Center Supervisor’s recommendation and determine whether the complaint is substantiated, unfounded, unsubstantiated, or further investigation is needed.
- If determined to warrant further investigation, the report will be marked as such and returned to the Center Supervisor
- If any other determination is made, the report will be marked as such and the report and accompanying documentation will be forwarded to the IAA

The IAA may conduct additional investigation or, if criminal activity is suspected or indicated, he/she will ask the Arkansas State Police to conduct an investigation

The IAA or State Police must make a final determination of substantiated, unfounded or unsubstantiated and this result must be returned through the supervision chain to the Center Supervisor.

All investigations of sexual abuse, sexual misconduct, or sexual harassment must be conducted in compliance with Prison Rape Elimination Act (PREA) standards (PREA 115.222, 115.271, 115.272, 115.273) and the ACC PREA Investigation Guide.

A “Sexual Abuse Incident Review” must be conducted pursuant to the PREA policy.

**3. At Residential Facilities, Investigating Incidents NOT Addressed in Preceding Section.**

For incidents NOT addressed in the preceding Residential Facilities section (paragraph III. M. 2.) where an allegation may result in termination of employment or suspension, the Center Supervisor must notify the Deputy Director of Residential Services and may request an internal investigation be conducted. When appropriate, the Deputy Director of Residential Services may request the Internal Affairs Administrator investigate the matter.

**4. For Parole/Probation Services and Central Office Employees: Investigating an Incident, Allegation or Suspicion of Sexual Abuse, Sexual Misconduct or an Incident Not of a Sexual Nature that may Rise to the Level of Criminal Activity.**

When there is an incident, allegation or suspicion of sexual abuse or sexual harassment, or an incident not of a sexual nature that may rise to the level of criminal activity, employees must notify their supervisor and the supervisor must promptly contact the IAA. The IAA must notify the State Police Criminal Investigation Division. When appropriate, the IAA must conduct an internal investigation. The State Police are responsible for investigating incidents where criminal activity is alleged. The IAA will provide pertinent information to appropriate personnel in an effort to resolve the situation and prevent future occurrences. The IAA must ensure investigations are conducted pursuant to PREA standards (PREA 115.222, 115.271, 115.272, 115.273).

**5. Investigating Incidents NOT addressed Above, Where an Allegation may Result in Termination or Suspension of Employment.**

For incidents not addressed above, where an allegation may result in termination or suspension of employment, the supervisor must notify his/her Deputy Director with a recommendation that an internal investigation be conducted. When the Deputy Director agrees that the allegation may result in terminating employment or suspension, he/she must ask the IAA to investigate.

**6. Investigating Incidents NOT addressed Above, Where an Allegation is NOT apt to Result in Termination or Suspension of Employment.**

For such incidents where an employee is involved but allegations are not apt to result in termination or suspension of employment, supervisors must use discretion in deciding whether to inform others in the supervision chain; conduct an investigation; or request an investigation. Any incident resulting in injury, if not investigated pursuant to preceding guidance, must be investigated by someone designated by the appropriate Center Supervisor, Area Manager or Central Office deputy director or the IAA. This investigation must be document on the Investigation and Mitigation form.

## **7. Director Initiated Investigations.**

The Director may order the IAA to conduct an internal investigation of incidents when deemed appropriate.

## **8. Conducting and Documenting Investigations.**

Investigations must be initiated and conducted pursuant to guidance above. An investigator must conduct a thorough investigation following guidance on the form titled “Incident or Hazard Investigation and Mitigation Report.” The IAA is not required to use this form. The completed form must be sent at a minimum to:

- Human Resources if an employee was injured
- The appropriate Center Supervisor, Area Manager or at Central Office – deputy director.
- Scan into eOMIS.

## **N. Supervisor.** Supervisors must ensure the following:

1. Employees are trained on this and other policies and emergency plans related to specific types of incidents to ensure timely, accurate and appropriate handling and reporting of incidents and hazards.
2. Staffs, volunteers, interns and residents are provided appropriate guidance so they will comply with safety and security rules and procedures and report safety and security incident situations. Failure to comply with appropriate reporting requirements may lead to disciplinary action.
3. Actions are taken to investigate and prevent reoccurrence of preventable incidents and hazards.
4. When there is harassment between or among employees, or agents; in addition to reporting and investigating measures, supervisors must ensure appropriate oversight to include measures to prevent further harassment or retaliation. Other policies guide supervisors when offenders are involved.

## **O. Physical Evidence.** Physical evidence must be handled following procedures in the administrative directive, “Searches for, Control and Disposition of Contraband and Evidence”.

## **P. After-Action Activities.**

1. Sexual Abuse Incident Review. The Center Supervisor must ensure a sexual abuse incident review is conducted at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
  - a. Such review must ordinarily occur within 30 days of the conclusion of the investigation.
  - b. The review team must include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners.

- c. The review team must:
  - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; sexual identity, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
  - Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - Assess the adequacy of staffing levels in that area during different shifts;
  - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - Prepare a report of its findings, including but not necessarily limited to the elements in (3) (a) through (e) of this section and any recommendations for improvement. Submit the report to the Deputy Director of Residential Services and the PREA compliance manager.
- d. The facility must implement the recommendations for improvement, or must document its reasons for not doing so. (PREA 115.283)

2. Critical Incident Reviews.

- a. The IAA, Area Managers, Administrators, Center Supervisors and above may ask the Director to appoint a Critical Incident Review Committee.
- b. The Director may order a critical incident review and when doing so will appoint a Critical Incident Review Committee.

3. Critical Incident Review Committees must:

- a. gather documentation and conduct interviews as necessary to determine the facts related to the incident.
- b. notify the IAA if the committee suspects criminal activity has occurred. When this happens, the Director will determine whether to continue the critical incident review or rely solely on the State Police investigation.
- c. complete the review within 45 days unless the Director grants an extension. The committee chair is responsible for a report outlining the facts and the committee's recommendations.
- d. provide copies of all records and any recordings of interviews gathered by the committee to the IAA. The Director may choose to send a copy of the summary and recommendations to the person who originally requested the critical incident review and will provide a copy to the appropriate Deputy/Chief Deputy Director. The Deputy/Chief Deputy Director will work with staff to develop an action plan.



- f. Make the summary, recommendations, and action plan known to the Management Team for a review and to determine the feasibility of the committee's recommendations.
4. Counseling Services after Critical Incidents. ACC will make post-trauma counseling and support available through the State's Employee Assistance Program (contact HRS for details).
5. Supervisor Communication after Critical Incidents. When an employee or agent is involved in a critical incident, his/her supervisor must ensure required actions are taken in accordance with applicable policies, to include reporting.
6. Critical Incident at a Residential Center. Center Supervisors must ensure a debriefing with designated and impacted staff as soon as possible after a critical incident and conduct a follow-up debriefing two weeks later. At a minimum, debriefings will include the following: (4-ACRS-1C-01-1)
  - a. Discussion about what happened, the response and the probable cause.
  - b. Discussion about the impact on staff and residents.
  - c. A review of corrective actions taken and still needed to include changes to plans, policy, procedures, checklists, equipment and supplies.
  - d. Plans for improvement to avoid another incident.
  - e. Appropriate documentation of after action debriefings.

#### **IV. FORMS.**

AD 18-12 Form 1 Incident or Hazard Report/Witness Statement – Staff Use  
AD 18-12 Form 2 Incident or Hazard Report/Witness Statement – Offender's Use  
AD 18-12 Form 3 Incident or Hazard Report/Witness Statement Continuation Page  
AD 18-12 Form 4 Incident or Hazard Investigation and Mitigation Report

#### **V. REFERENCES.**

[“Workers Compensation - First Report of Injury or Illness”](#) (Workers' Compensation Commission Form 1A-1)

[“Employee's Notice of Injury”](#) Form (Arkansas Workers' Compensation Commission Form AR-N)

[“Workers Comp Information Sheet”](#) (Arkansas Insurance Department > [Public Employee Claims Division's](#) “PECF Form 2)

[“Employee's Report of Accident”](#) (Arkansas Insurance Department > [Public Employee Claims Division's](#) > PECD Form 1)

[“Accident / Injury Reporting form”](#) (Arkansas Department of Labor)

**Arkansas Community Correction**

**INCIDENT OR HAZARD REPORT/WITNESS STATEMENT-STAFF USE**

Name of Person Making Report: \_\_\_\_\_ Control Number: \_\_\_\_\_

Title or Resident Number: \_\_\_\_\_ Office/Area or Shift: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

**PRELIMINARY REPORT**     **FINAL REPORT**    License Plate #: \_\_\_\_\_ Last 4 VIN: \_\_\_\_\_

**INCIDENT TYPE**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sexual Harassment (allegations, incidents or suspicion) | <input type="checkbox"/> Sexual Abuse (allegations, incidents or suspicion) | <input type="checkbox"/> Non-sexual harassment |
| <input type="checkbox"/> State Vehicle   | <input type="checkbox"/> Public Complaint                                   | <input type="checkbox"/> Offender Injury       |
| <input type="checkbox"/> Arrest  | <input type="checkbox"/> Employee Injury                                    | <input type="checkbox"/> Emotional Stress      |
| <input type="checkbox"/> Weapon  | <input type="checkbox"/> Evidence Collected                                 | <input type="checkbox"/> Auto Accident         |
| <input type="checkbox"/> Contraband  | <input type="checkbox"/> Cardinal Rule Violation                            | <input type="checkbox"/> Use of Force          |
| <input type="checkbox"/> Property Damage   | <input type="checkbox"/> Major Rule Violation                               | <input type="checkbox"/> Substance Abuse       |
| <input type="checkbox"/> Offender Death  |   |  |
| <input type="checkbox"/> OTHER (explain): _____                                  |   |  |

**Instructions:** Provide names and identities of others as you know them. If “reasonable suspicion” is the basis for action, document both the “specific objective facts,” and any “reasonable inferences” relied upon to make the judgment. Include a description of what led to the incident, who was present, who was involved, what force was used, and by whom, injuries sustained (if any), and medical assistance offered and provided. Follow other relevant policy guidance. For allegations, incidents or suspicion of sexual abuse, sexual harassment and non-sexual harassment: 1. Comply with related policies including “Reporting and Investigating Incidents and Hazards” and “Prison Rape Elimination Act (PREA).” 2. Use the Sexual Abuse Checklist when applicable. 3. When ACC staff complete this on behalf of a resident or offender who makes a verbal report; make a note of this on the report and then ask the resident/offender to sign if they agree.

**Offenders Involved / Present (Box may be checked if you are certain the offender was “involved”)**

<u>Inv</u>	<u>Offender Name</u>	<u>Number</u>	<u>Inv</u>	<u>Offender Name</u>	<u>Number</u>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
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<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____

**Employees or Others Involved / Present (Box may be checked if you are certain the person was “involved”)**

<u>Inv</u>	<u>Employee / Other Name</u>	<u>Optional Note</u>	<u>Inv</u>	<u>Employee / Other Name</u>	<u>Optional Note</u>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____

Extent of Injury and to Whom \_\_\_\_\_

Treatment Rendered and by Whom \_\_\_\_\_

**INCIDENT STATEMENT OF FACTS.** Describe the situation as you saw it or know it. Do not include opinions, conclusions, or interpretations. Use the continuation page if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Disposition (when information is available before submitting this form) \_\_\_\_\_

**CERTIFICATION**

I hereby certify that the statement hereinbefore is true. I am making this statement freely, under no duress, and without undue coercion exerted on me by an official of Arkansas Community Correction, or any offender.

\_\_\_\_\_  
 Name of Person Making Statement (Print)      Signature of Person Making Statement      Date

\_\_\_\_\_  
 Name of Person Taking Statement (Print)      Signature of Person Taking Statement      Date

Center Supervisor / Area Manager must see any report involving use of force or serious/critical incidents. (4-ACRS-2B-01) Either a copy must be sent to the Center Supervisor / Area Manager OR the original. If sending a copy complete the next line:

Copy was sent to Center Supervisor or Area Manager (if required). Sent by (name):

REVIEWED BY (Name)	POSITION or TITLE	DATE	TIME
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM

Comments       Recommendations       Instructions

Arkansas Community Correction

**INCIDENT OR HAZARD REPORT/WITNESS STATEMENT – FOR OFFENDER’S USE**

Name of Offender Making Report: \_\_\_\_\_ Offender Number: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Check this box if this involves actual, alleged, or suspected sexual abuse or sexual harassment. If checked you may give this form to any staff person.

Offender Names (involved or present):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee or Others’ Names (involved or present):

\_\_\_\_\_

**INCIDENT STATEMENT OF FACTS**

- Describe the situation as you saw it or know it. • Do not include opinions, conclusions, or interpretations.
- Include a description of what led to the incident, who was present, who was involved, injuries (if any), and medical assistance offered and provided. • Use a continuation page if necessary

\_\_\_\_\_  
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**CERTIFICATION**

I hereby certify my statement is true. I am making this statement freely, under no duress, and without unlawful coercion by an official of Arkansas Community Correction, or any offender.

\_\_\_\_\_  
Name of Person Making Statement (Print)                      Signature of Person Making Statement                      Date

A staff person may interview and record a statement on behalf of an offender when necessary. When doing this, the staff person must ensure the offender understands and agrees, then complete this line:

\_\_\_\_\_  
Name of Person Taking Statement (Print)                      Signature of Person Taking Statement                      Date



Arkansas Community Correction

INCIDENT OR HAZARD INVESTIGATION AND MITIGATION REPORT

Name of Employee Making Report: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Instructions.

- 1. Review and comply with applicable policy to include the "Reporting and Investigating Incidents, Hazards and Maltreatment" policy. If any doubt exists about whether an investigation should be done locally, the appropriate Center Supervisor, Area Manager or their designee should consult with the Internal Affairs Investigator before assigning an investigator.
2. If you are not familiar with investigation techniques, study some online lessons or articles.
3. Review the incident reports and witness statements. Review related information such as policies and examine the scene or evidence.
4. As appropriate interview people involved and others with insights about the incident and related procedures.
5. Try to identify the root cause and include recommendations and actions taken to prevent recurrence
6. Write your report on this form and distribute it pursuant to policy and local guidance.

People involved or present OR make reference to the Incident Report / Witness Statements:

\_\_\_\_\_

INCIDENT STATEMENT OF FACTS

- Describe the situation as you saw it or know it. • Do not include opinions, conclusions, or interpretations.
• Include a description of what led to the incident, who was present, who was involved, injuries (if any), and medical assistance offered and provided. • Was policy followed • Use a continuation page if necessary

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

PROBABLE ROOT CAUSE AND RECOMMENDATIONS TO MITIGATE THE SITUATION

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

ACTIONS TAKEN/RECOMMENDED TO PROVIDE MEDICAL CARE AND/OR MITIGATE THE SITUATION

CERTIFICATION

I hereby certify this information is an accurate unbiased assessment of the incident or hazard and actions taken.

Name of Person Making Statement (Print) \_\_\_\_\_ Signature of Person Making Statement \_\_\_\_\_ Date \_\_\_\_\_

Name of manager reviewing this report \_\_\_\_\_

Name of Reviewer (Print) \_\_\_\_\_ Signature of Reviewer \_\_\_\_\_ Date \_\_\_\_\_